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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/571,738			ing Date 14/2006	☐ To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	IMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 = *			1	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x s =		1	X 8 =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	ation and drawin er, the application for small entity) sheets or fraction a)(1)(G) and 37	n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY GLAM/S HIGHEST HIGHEST											
AMENDMENT	01/25/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 19	Minus	20	= 0]	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	···3	= 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	•	Minus		=		X \$ =		OR	X 8 =	
№	Independent (37 CFR 1 16(h))	•	Minus	***	-	l	x s =		OR	x s =	
Į.	Application Size Fee (37 CFR 1.16(s))										
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The Thighest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 insulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.6. D.O. NOT 1550, Alexandrius, V